

107TH CONGRESS
2D SESSION

S. 1936

To address the international HIV/AIDS pandemic.

IN THE SENATE OF THE UNITED STATES

FEBRUARY 12, 2002

Mr. DURBIN introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To address the international HIV/AIDS pandemic.

1 *Be it enacted by the Senate and House of Representa-
2 tives of the United States of America in Congress assembled,*

3 SECTION 1. SHORT TITLE.

4 This Act may be cited as the “Global Coordination
5 of HIV/AIDS Response Act” or the “Global CARE Act”.

6 SEC. 2. FINDINGS.

7 Congress finds the following:

8 (1) In a span of only 20 years the AIDS pan-
9 demic has infected 60,000,000 people around the
10 globe and continues to spread. More than
11 22,000,000 people around the world have died from
12 this disease.

6 (3) The impact of the AIDS epidemic is not
7 only a health issue but a moral issue, fundamental
8 to development, to human security, and the security
9 of the United States.

10 (4) Prevention, care, and treatment are all nec-
11 essary components of an effective response to the
12 global AIDS epidemic and the opportunistic infec-
13 tions that result.

19 (6) Microenterprise programs are also an effective means to support the productive activities of
20 healthy family members caring for the sick and or-
21 phaned. Such programs should give priority to
22 women infected with the AIDS virus or in HIV/
23 AIDS affected families, and to women in high risk
24 categories.

11 SEC. 3. INTERAGENCY WORKING GROUP ON HIV/AIDS.

12 (a) IN GENERAL.—There is established a Federal
13 interagency working group (hereafter referred to in this
14 Act as the “Working Group”) to ensure coordination of
15 all Federal programs related to the prevention, treatment,
16 and monitoring of HIV/AIDS in foreign countries, and to
17 conduct global HIV/AIDS activities in a coordinated, stra-
18 tegic fashion.

19 (b) MEMBERSHIP.—Members of the Working Group
20 shall be appointed by—

23 (2) the Secretary of State;

24 (3) the Secretary of Defense;

25 (4) the Secretary of Agriculture;

5 (7) the Director of the Centers for Disease
6 Control and Prevention;

7 (8) the Director of the National Institutes of
8 Health;

9 (9) the Director of the Peace Corps;

10 (10) the United States Executive Director of
11 the International Bank for Reconstruction and De-
12 velopment;

13 (11) the Secretary of Labor;

14 (12) the Secretary of Commerce; and

18 (c) CHAIRPERSON.—The chairperson of the Working
19 Group shall be designated by the Secretary of Health and
20 Human Services, in consultation with the Secretary of
21 State.

22 (d) DUTIES.—The Working Group shall—

23 (1) review all Federal programs related to the
24 prevention, treatment, and monitoring of HIV/AIDS
25 in foreign countries to ensure proper coordination

1 and compatibility of the activities, strategies, and
2 policies of such programs;

3 (2) exchange information regarding the design
4 and impact of such programs to ensure the United
5 States Government can determine the best possible
6 practices for HIV/AIDS prevention, treatment, and
7 monitoring to improve the effectiveness of such pro-
8 grams in countries in which they operate;

9 (3) set priorities across the Federal agencies
10 represented in the Working Group;

11 (4) annually identify measurable goals for
12 United States policy and outcomes related to HIV/
13 AIDS in the global community;

14 (5) foster discussions with academia, non-
15 governmental organizations, and industry to deter-
16 mine how Federal Government programs can be im-
17 proved;

18 (6) serve as a liaison between the Global Fund
19 for HIV/AIDS, tuberculosis and malaria prevention
20 and treatment efforts, and other multilateral efforts
21 relating to HIV/AIDS prevention and treatment;
22 and

23 (7) coordinate with international groups, such
24 as the International AIDS Society, the United Na-
25 tions Program on HIV/AIDS (UNAIDS), the World

1 Health Organization, and the Monitoring and Eval-
2 uation Reference Group to ensure that information
3 about successful programs, and from applied and
4 basic research, is disseminated to policymakers, re-
5 searchers, and practitioners in other nations.

6 (e) REPORT.—

7 (1) IN GENERAL.—The Working Group shall
8 prepare a report that—

9 (A) describes the actions that are being
10 taken to coordinate the multiple roles and poli-
11 cies of, and foster collaboration among, the
12 Federal agencies contributing to global HIV/
13 AIDS activities;

14 (B) describes the respective roles and ac-
15 tivities of each of the working group member
16 agencies;

17 (C) describes actions taken to carry out
18 the activities described in sections 4 and 5;

19 (D) contains any recommendations for leg-
20 islative and funding actions that are needed to
21 create a coherent, effective United States ap-
22 proach to global HIV/AIDS that achieves the
23 goals for United States policy and outcomes as
24 established by the Working Group; and

(E) includes the results of the HIV/AIDS goals and outcomes as established by the Working Group.

4 (2) SUBMISSION TO CONGRESS.—Not later than
5 1 year after the date of enactment of this Act, and
6 annually thereafter during each year for which the
7 Working Group is authorized, the chairperson of the
8 Working Group shall submit the report described in
9 paragraph (1) to the Committee on Foreign Rela-
10 tions, the Committee on Health, Education, Labor
11 and Pensions, and the Committee on Appropriations
12 of the Senate, the Committee on International Rela-
13 tions, the Committee on Commerce, and the Com-
14 mittee on Appropriations of the House of Represent-
15 atives.

16 (f) TERMINATION.—The Working Group established
17 under subsection (a) shall terminate on the date that is
18 3 years after the date of enactment of this Act.

19 SEC. 4. THE INTERNATIONAL HIV/AIDS PREVENTION AND
20 CAPACITY DEVELOPMENT INITIATIVE.

21 (a) GOAL.—The goal of the International HIV/AIDS
22 Prevention and Capacity Development Initiative estab-
23 lished by this section, is to prevent the spread of HIV/
24 AIDS and opportunistic infections.

1 (b) ACTIVITIES.—The goal described in subsection
2 (a) shall be achieved through the conduct of activities that
3 include—

4 (1) education, voluntary testing and counseling
5 (that includes the incorporation of confidentiality
6 protections with respect to such testing and coun-
7 seling), including integration of such programs into
8 women's and children's health programs;

9 (2) providing assistance to ensure a safe blood
10 supply and to provide post-exposure prophylaxis to
11 victims of rape and sexual assault;

12 (3) expanding the availability and use of
13 condoms and other barrier methods for the preven-
14 tion of HIV transmission;

15 (4) providing assistance through non-govern-
16 mental organizations, particularly those organiza-
17 tions that utilize both professionals and volunteers
18 with appropriate skills and experience, to establish
19 and implement culturally appropriate HIV/AIDS
20 education and prevention programs;

21 (5) providing for improved infrastructure and
22 institutional capacity to develop and manage edu-
23 cation, prevention, care, and treatment programs,
24 including resources to collect and maintain accurate

1 HIV/AIDS surveillance data to target programs and
2 measure effectiveness of interventions;

3 (6) the conduct of vaccine research and develop-
4 ment partnership programs with specific plans to de-
5 velop a safe, effective, accessible, preventive HIV
6 vaccine for use throughout the world;

7 (7) research and development of microbicides to
8 prevent the transmission of HIV and other sexually
9 transmitted infections;

10 (8) the development and expansion of finan-
11 cially sustainable micro-finance institutions and
12 other income generation programs that strengthen
13 the economic and social viability of communities af-
14 flicted by the HIV/AIDS pandemic, including sup-
15 port for the savings and productive capacity of af-
16 fected poor households caring for orphans;

17 (9) promoting evaluation and intervention ef-
18 forts and providing training to support program as-
19 essment; and

20 (10) other activities as determined necessary by
21 the Working Group established under section 3(a).

22 (c) COORDINATED EFFORTS.—From amounts made
23 available under section 6 for each fiscal year, the Sec-
24 retary of State (in consultation with the United States
25 Agency for International Development), the Secretary of

1 Health and Human Services and other Federal members
2 of the Working Group (established under section 3(a))
3 shall coordinate activities as part of the International
4 HIV/AIDS Prevention and Capacity Development Initia-
5 tive under this section consistent with host country needs
6 and in conjunction with host country plans, with programs
7 to prevent, treat and monitor HIV/AIDS in foreign coun-
8 tries.

9 **SEC. 5. THE INTERNATIONAL AIDS CARE AND TREATMENT**

10 **ACCESS INITIATIVE.**

11 (a) GOAL.—The goal of the international AIDS care
12 and treatment access initiative established by this section
13 is to prolong the lives of individuals with HIV/AIDS, to
14 preserve the families of these individuals, to prevent chil-
15 dren from becoming orphans and to increase the produc-
16 tivity of these individuals by allowing them to lead active
17 lives and reduce the need for costly hospitalizations for
18 treating opportunistic infections caused by HIV/AIDS.

19 (b) ACTIVITIES.—The goal described in subsection
20 (a) shall be achieved through the conduct of activities that
21 include—

22 (1) creating or improving the medical, public
23 health, and physical infrastructures needed to ensure
24 that care and treatment for individuals affected by

1 HIV/AIDS can be delivered efficiently, effectively
2 and safely;

3 (2) mobilizing communities to provide much
4 needed services ranging from home based palliation
5 to assistance with housing and nutrition;

6 (3) encouraging the adoption of policies and
7 practices that reduce stigma against HIV-infected
8 individuals;

9 (4) providing a comprehensive package of care
10 and treatment for those living with HIV/AIDS in-
11 cluding antiretroviral drugs, treatment of opportun-
12 istic infections, and optimum nutrition;

13 (5) helping preserve families, which will con-
14 tribute to stability within homes and across devel-
15 oping nations and will help diminish the growing
16 AIDS orphan crisis;

17 (6) providing training and education to civilian
18 and military health care providers and laboratory
19 workers from developing nations for the purpose of
20 promoting safe and effective use of antiretroviral
21 drugs and quality medical support services;

22 (7) linking care and treatment services to prov-
23 en prevention programs, including expanded vol-
24 untary counseling and testing efforts;

3 (9) promoting evaluation of intervention efforts
4 and providing training to support program assess-
5 ment; and

6 (10) other activities as determined necessary by
7 the Working Group established under section 3(a).

8 (c) COORDINATED EFFORTS.—From amounts made
9 available under section 6 for each fiscal year, the Sec-
10 retary of State, the Secretary of Health and Human Serv-
11 ices and other Federal members of the Working Group
12 (established under section 3(a)) shall coordinate activities
13 as part of the international AIDS care and treatment ac-
14 cess initiative under this section, consistent with host
15 country needs and in conjunction with host country plans.

16 SEC. 6. FUNDING FOR PREVENTION, CARE, TREATMENT,
17 AND CAPACITY DEVELOPMENT ACTIVITIES.

18 (a) CENTERS FOR DISEASE CONTROL AND PREVEN-
19 TION.—There is authorized to be appropriated to the Cen-
20 ters for Disease Control and Prevention, \$300,000,000 for
21 fiscal year 2003, and such sums as may be necessary
22 through each of fiscal years 2004 and 2005, to carry out
23 the provisions of sections 3 through 5 and other global
24 HIV/AIDS prevention, care, treatment and capacity devel-
25 opment activities determined appropriate by the Secretary

1 of Health and Human Services. Any amounts so appro-
2 priated shall remain available until expended.

3 (b) HEALTH RESOURCES AND SERVICES ADMINIS-
4 TRATION.—

5 (1) IN GENERAL.—There is authorized to be
6 appropriated to the Health Resources and Services
7 Administration, \$20,000,000 for fiscal year 2003,
8 and such sums as may be necessary for each of fis-
9 cal years 2004 and 2005, to carry out the provisions
10 of sections 3 through 5 and other global HIV/AIDS
11 activities determined appropriate by the Secretary of
12 Health and Human Services. Any amounts so appro-
13 priated shall remain available until expended.

14 (2) ASSISTANCE TO FOREIGN COUNTRIES.—
15 From amounts appropriated under paragraph (1)
16 for each fiscal year, the Administrator of the Health
17 Resources and Services Administration, as part of
18 the international AIDS care and treatment access
19 initiative, may provide assistance to foreign coun-
20 tries and areas in developing, providing, and
21 evaluating—

22 (A) care, support, and treatment services
23 with respect to HIV/AIDS, including those for
24 opportunistic infection related to HIV/AIDS in-
25 fections;

9 (c) NATIONAL INSTITUTES OF HEALTH.—There is
10 authorized to be appropriated to the National Institutes
11 of Health, \$100,000,000 for fiscal year 2003, and such
12 sums as may be necessary for each of fiscal years 2004
13 and 2005, to carry out the provisions of sections 3 through
14 5 that are related to the mission of the Institutes, and
15 other global HIV/AIDS activities determined appropriate
16 by the Secretary of Health and Human Services, including
17 vaccine research to develop a safe and accessible preven-
18 tive HIV vaccine for use throughout the world. Any
19 amounts so appropriated shall remain available until ex-
20 pended.

21 (d) AGENCY FOR HEALTHCARE RESEARCH AND
22 QUALITY.—There is authorized to be appropriated to the
23 Agency for Healthcare Research and Quality, \$20,000,000
24 for fiscal year 2003, and such sums as may be necessary
25 for each of fiscal years 2004 and 2005, to carry out the

1 provisions of sections 3 through 5 that are related to the
2 mission of the Agency, and other global HIV/AIDS activi-
3 ties determined appropriate by the Secretary of Health
4 and Human Services, including evaluation of global HIV/
5 AIDS programs and cost, use and access to HIV/AIDS
6 treatment. Any amounts so appropriated shall remain
7 available until expended.

8 (e) FOOD AND DRUG ADMINISTRATION.—There is
9 authorized to be appropriated to the Food and Drug Ad-
10 ministration, \$50,000,000 for fiscal year 2003, and such
11 sums as may be necessary for each of fiscal years 2004
12 and 2005, to carry out the provisions of sections 3 through
13 5 that are related to the mission of the Administration,
14 and other global HIV/AIDS activities determined appro-
15 priate by the Commissioner of Food and Drugs, including
16 review of more sensitive tests and further efforts to ensure
17 a safe blood supply. Any amounts so appropriated shall
18 remain available until expended.

19 (f) UNITED STATES AGENCY FOR INTERNATIONAL
20 DEVELOPMENT.—There is authorized to be appropriated
21 to the United States Agency for International Develop-
22 ment, \$600,000,000 for fiscal year 2003, and such sums
23 as may be necessary for each of fiscal years 2004 and
24 2005, to carry out the provisions of sections 3 through
25 5 and other global HIV/AIDS prevention, care, treatment,

1 and capacity development activities determined appro-
2 priate by the Secretary of State. Any amounts so appro-
3 priated shall remain available until expended.

4 (g) DEPARTMENT OF DEFENSE.—There is author-
5 ized to be appropriated to the Department of Defense,
6 \$20,000,000 for fiscal year 2003, and such sums as may
7 be necessary for each of fiscal years 2004 and 2005, to
8 carry out the provisions of sections 3 through 5 that are
9 related to mission of the Department, and other global
10 HIV/AIDS activities determined appropriate by the Sec-
11 retary of Defense including HIV/AIDS prevention and
12 education with host country armed forces. Any amounts
13 so appropriated shall remain available until expended.

14 (h) DEPARTMENT OF AGRICULTURE.—There is au-
15 thorized to be appropriated to the Department of Agri-
16 culture, \$25,000,000 for fiscal year 2003, and such sums
17 as may be necessary for each of fiscal years 2004 and
18 2005, to carry out the provisions of sections 3 through
19 5 that are related to the mission of the Department, and
20 other global HIV/AIDS activities determined appropriate
21 by the Secretary of Agriculture, including strengthening
22 the capacity of organizations providing community-based
23 nutrition services. Any amounts so appropriated shall re-
24 main available until expended.

1 (i) DEPARTMENT OF LABOR.—There is authorized to
2 be appropriated to the Department of Labor, \$20,000,000
3 for fiscal year 2003, and such sums as may be necessary
4 for each of fiscal years 2004 and 2005, to carry out the
5 provisions of sections 3 through 5 that are related to the
6 mission of the Department, and other global HIV/AIDS
7 activities determined appropriate by the Secretary of
8 Labor, including workplace-based HIV/AIDS prevention
9 in host countries. Any amounts so appropriated shall re-
10 main available until expended.

11 (j) DEPARTMENT OF COMMERCE.—There is author-
12 ized to be appropriated to the Department of Commerce,
13 \$10,000,000 for fiscal year 2003, and such sums as may
14 be necessary for each of fiscal years 2004 and 2005, to
15 carry out the provisions of sections 3 through 5 that are
16 related to the mission of the Department and other global
17 HIV/AIDS activities determined appropriate by the Sec-
18 retary of Commerce, including encouraging the involve-
19 ment of multinational United States corporations in the
20 fight against HIV/AIDS. Any amounts so appropriated
21 shall remain available until expended.

22 (k) GLOBAL HEALTH FUND.—

23 (1) AUTHORIZATION.—There is authorized to
24 be appropriated \$1,200,000,000 for fiscal year 2003
25 and such sums as may be necessary for each of fis-

1 cal years 2004 and 2005, to be used for United
2 States contributions to a global health fund nego-
3 tiated by the United States consistent with the gen-
4 eral principles contained in the Global AIDS and
5 Tuberculosis Relief Act of 2000 (22 U.S.C. 6801 et
6 seq.) and the initiative of the Secretary General of
7 the United Nations or other multilateral efforts to
8 prevent, treat, and monitor HIV/AIDS in countries
9 in sub-Saharan Africa and other developing coun-
10 tries, including efforts to provide hospice and pallia-
11 tive care for individuals with HIV/AIDS.

12 (2) CHARACTERISTICS OF GLOBAL HEALTH
13 FUND.—It is the sense of Congress that, consistent
14 with the general principles outlined in the Global
15 AIDS and Tuberculosis Relief Act of 2000 (22
16 U.S.C. 6801 et seq.), United States contributions
17 should be provided to a global health fund under
18 paragraph (1) only if the fund—

19 (A) is a public-private partnership that in-
20 cludes participation of, and seeks contributions
21 from, governments, foundations, corporations,
22 nongovernmental organizations, organizations
23 that are part of the United Nations system, and
24 other entities or individuals;

(B) has the World Bank serving as the fiduciary agent of the fund and in any other capacity deemed appropriate by the international community;

5 (C) includes donors, recipient countries,
6 civil society, and other relevant parties in the
7 governance of the fund;

8 (D) contains safeguards against conflicts
9 of interest in the governance of the fund by the
10 individuals and entities described in subpara-
11 graph (A);

12 (E) supports targeted initiatives to address
13 HIV/AIDS, tuberculosis, and malaria through
14 an integrated approach that includes prevention
15 interventions, care and treatment programs,
16 and infrastructure capacity-building;

17 (F) permits strategic targeting of re-
18 sources to address needs not currently met by
19 existing bilateral and multilateral efforts and
20 includes separate sub-accounts for different ac-
21 tivities allowing donors to designate funds for
22 specific categories of programs and activities;

23 (G) reserves a minimum of 5 percent of its
24 grant funds to support scientific or medical re-

1 search in connection with the projects it funds
2 in developing countries;

3 (H) provides public disclosure with respect
4 to—

5 (i) the membership and official pro-
6 ceedings of the mechanism established to
7 manage and disburse amounts contributed
8 to the fund; and

9 (ii) grants and projects supported by
10 the fund;

11 (I) authorizes and enforces requirements
12 for the periodic financial and performance au-
13 diting of projects and makes future funding
14 conditional upon the results of such audits; and

15 (J) provides public disclosure of the find-
16 ings of all financial and performance audits of
17 the fund.

18 SEC. 7. GLOBAL PHYSICIAN CORPS.

19 (a) IN GENERAL.—The Secretary of Health and
20 Human Services (referred to in this section as the “Sec-
21 retary”), in consultation with the Secretary of State, is
22 authorized to establish a Global Physician Corps for the
23 purpose of carrying out the activities described in sub-
24 section (d).

25 (b) RECRUITMENT OF PHYSICIANS.—

4 (A) physicians who—

5 (i) are trained in infectious diseases
6 and other medical disciplines; and

7 (ii) have demonstrated expertise in the
8 treatment of HIV/AIDS;

11 (C) physicians who are trained in such dis-
12 ciplines as the Secretary shall determine to be
13 necessary.

14 (2) RECRUITMENT AT SCHOOLS.—The Sec-
15 retary may conduct recruitment programs for the
16 Global Physician Corps at schools of medicine.

17 (c) TIME PERIODS.—

18 (1) IN GENERAL.—Physicians hired under sub-
19 section (b) shall be employed for periods of not more
20 than 2 years.

24 (d) ACTIVITIES.—The Global Physician Corps, using
25 international assignments of physicians, shall—

1 (1) care for and treat individuals affected by
2 HIV/AIDS;

11 (4) carry out other activities as determined ap-
12 propriate by the Secretary.

13 (e) ASSIGNMENTS.—

14 (1) IN GENERAL.—The Director of the Centers
15 for Disease Control and Prevention, the Adminis-
16 trator of the Health Resources and Services Admin-
17 istration, and the Director of the National Institutes
18 of Health shall collaborate with the Secretary and
19 the United States Agency for International Develop-
20 ment to determine where physicians hired under this
21 section are most needed to serve and to appro-
22 priately place such physicians.

1 (f) STAFF.—The Secretary shall ensure that ade-
2 quate staff is provided to effectively administer the Global
3 Physician Corps.

4 (g) PAY.—The Secretary shall determine pay and
5 benefits to be provided under this section.

6 (h) AUTHORIZATION OF APPROPRIATIONS.—There is
7 authorized to be appropriated to carry out this section—
8 (1) \$2,000,000 for fiscal year 2002;
9 (2) \$5,000,000 for fiscal year 2003; and
10 (3) \$10,000,000 for each of fiscal years 2004,
11 2005, and 2006.

12 **SEC. 8. AUTHORITY FOR INTERNATIONAL PROGRAMS.**

13 Section 307 of the Public Health Service Act (42
14 U.S.C. 242l) is amended—

15 (1) in subsection (b)(7) by inserting “new” be-
16 fore “facility in any foreign country”;
17 (2) by striking subsection (b)(8); and
18 (3) by adding at the end the following:

19 “(d)(1) The Secretary is authorized to utilize authori-
20 ties contained in section 2 of the State Department Basic
21 Authorities Act of 1956 (22 U.S.C. 2669), subject to the
22 limitations set forth in subsection (e).

23 “(2) The Secretary is authorized to use the authority
24 in section 1 of the Act of April 18, 1930 (46 Stat. 177;
25 22 U.S.C. 291) and section 1 of the Foreign Service

1 Buildings Act (22 U.S.C. 292) directly or through con-
2 tract, grant, or cooperative agreement to lease, alter, or
3 renovate facilities in foreign countries as necessary to con-
4 duct programs of assistance for international health activi-
5 ties, including activities relating to HIV/AIDS and other
6 infectious diseases, chronic and environmental diseases,
7 and other health activities abroad.

8 “(e) In exercising the authority set forth in para-
9 graphs (1) and (2) of subsection (d), the Secretary shall
10 consult with the Secretary of State to assure that planned
11 activities are within the legal strictures of the State De-
12 partment Basic Authorities Act of 1956 and other applica-
13 ble laws.”.

14 **SEC. 9. IMPROVING GLOBAL HEALTH THROUGH SAFE IN-**
15 **JECTIONS.**

16 Chapter 1 of part I of the Foreign Assistance Act
17 of 1961 (22 U.S.C. 2151 et seq.) is amended by adding
18 at the end the following:

19 **“SEC. 135. ASSISTANCE FOR THE IMPROVEMENT OF INJEC-**
20 **TION SAFETY.**

21 “There is authorized to be appropriated each fiscal
22 year, \$1,000,000 for the purpose of developing and imple-
23 menting effective strategies to improve injection safety, in-
24 cluding developing and promoting technologies that im-
25 prove the safety of injections provided for preventive and

1 curative services, developing robust, environmentally
2 sound, reasonably priced means for improving the safety
3 of the disposal of used injection supplies, and launching
4 an intensive 5-year communication initiative, in conjunc-
5 tion with WHO, UNICEF, and the GAVI to promote the
6 safe and appropriate use of injections.”.

7 **SEC. 10. AIDS ORPHAN RELIEF.**

8 (a) **SHORT TITLE.**—This section may be cited as the
9 “AIDS Orphans Relief Act of 2002”.

10 (b) **PURPOSES.**—The purposes of this section are—
11 (1) to make microfinance programs an impor-
12 tant component of United States policy in fighting
13 the effects of the Acquired Immune Deficiency Syn-
14 drome (AIDS) pandemic worldwide; and
15 (2) to encourage targeted use of food and food-
16 related assistance for humanitarian purposes and for
17 sustainable development in communities affected by
18 AIDS.

19 (c) **MICROCREDIT PROGRAMS.**—Chapter 1 of part I
20 of the Foreign Assistance Act of 1961 (22 U.S.C. 2151
21 et seq.), as amended by section 9, is further amended by
22 adding at the end the following new section:

1 **“SEC. 136. ASSISTANCE FOR MICROCREDIT PROGRAMS FOR**
2 **COMMUNITIES AFFECTED BY AIDS.**

3 “(a) IN GENERAL.—In addition to any other funds
4 authorized to be appropriated by this chapter for micro-
5 enterprise activities or activities relating to Human Im-
6 munodeficiency Virus (HIV) or Acquired Immune Defi-
7 ciency Syndrome (AIDS), there is authorized to be appro-
8 priated each fiscal year, \$50,000,000 for purposes of as-
9 sisting microcredit programs that serve the very poor, es-
10 pecially women, in communities heavily affected by AIDS.

11 “(b) PROGRAM ELEMENTS.—

12 “(1) IN GENERAL.—The maximum amount of
13 credit provided an individual under a microcredit
14 program under subsection (a) may not exceed \$600,
15 and the average loan size for a program receiving re-
16 sources under this section may not exceed \$300.

17 “(2) PROGRAMS.—To the maximum extent
18 practicable, amounts shall be provided under sub-
19 section (a) for programs that—

20 “(A) provide HIV prevention or AIDS care
21 and support, whether directly or through link-
22 ages with other programs;

23 “(B) employ best practices for assisting
24 the very poor; and

25 “(C) operate in a sustainable manner.”.

1 (d) FOOD ASSISTANCE PROGRAMS.—Title IV of the
2 Agricultural Trade and Development Assistance Act of
3 1954 (7 U.S.C. 1731 et seq.) is amended by adding at
4 the end the following:

5 **SEC. 417. ASSISTANCE FOR COMMUNITIES AFFECTED BY**
6 **AIDS.**

7 “(a) IN GENERAL.—The President may provide food
8 assistance under this Act to developing countries in order
9 to assist such countries in mitigating the effects of Ac-
10 quired Immune Deficiency Syndrome (AIDS) on commu-
11 nities in such countries, including—

12 “(1) assistance to address the nutritional needs
13 of individuals in such communities who have AIDS;
14 “(2) assistance for households affected by
15 AIDS; and

16 “(3) assistance as part of other aid or assist-
17 ance designed to create or restore sustainable liveli-
18 hood strategies in communities affected by AIDS.

19 “(b) AUTHORIZATION OF APPROPRIATIONS.—

20 “(1) AUTHORIZATION.—There is authorized to
21 be appropriated to carry out this section
22 \$50,000,000 for fiscal year 2002 and for each subse-
23 quent fiscal year.

24 “(2) RELATIONSHIP TO OTHER AUTHORIZA-
25 TIONS.—Amounts authorized to be appropriated for

1 a fiscal year under paragraph (1) are in addition to
2 any other amounts authorized to be appropriated
3 under this Act for such fiscal year.”.

4 **SEC. 11. PILOT PROGRAM.**

5 (a) PROGRAM AUTHORIZED.—The Director of the
6 Centers for Disease Control and Prevention shall create
7 a pilot program to carry out the activities described in sub-
8 section (b).

9 (b) ACTIVITIES.—The Director shall—

10 (1) capitalize on demonstrated successes in pro-
11 viding antiretroviral drugs to people living with HIV/
12 AIDS in resource-poor settings;

13 (2) apply learning from the United States that
14 treatment involving antiretroviral drugs must be ac-
15 companied by an array of medical and social services
16 if such treatment is to be successful;

17 (3) provide a limited procurement of pilot
18 antiretroviral drugs and technical assistance to pilot
19 programs designed to assess feasibility of large-scale
20 programs; and

21 (4) provide technical assistance to host country
22 governments to foster partnerships with private-sec-
23 tor manufacturers for the purpose of assuring sus-
24 tained drug availability.

1 (c) AUTHORIZATION OF APPROPRIATIONS.—There is
2 authorized to be appropriated to carry out this section,
3 \$50,000,000 for fiscal year 2002, and such sums as may
4 be necessary for fiscal years 2003 through 2006.

○